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ORIGINAL LECTURES.

CLINICAL LECTURE

ON ORGANIC DISEASE OF THE HEART, COMPLICATED WITH BRIGHT'S DISEASE.

Delivered at Bellevue Hospital, New York,

BY PROF. AUSTIN FLINT, SR.

Reported for the Philadelphia Medical Times.

GENTLEMEN,—Of this case I have a very slight knowledge; but what little I do know of it is sufficient to induce me to believe that it will be of interest to investigate it further in the presence of the class. The patient, whose name is Jane M., is 32 years of age, single, and a seamstress by occupation. She was admitted to the hospital five days ago. Her mother died of some cardiac trouble at the age of forty-five, and she also lost a brother from a similar affection; while a sister is at the present time suffering from an attack of acute articular rheumatism. It was when she was twelve years old that she herself was first affected with the latter disease, and, from the account which she gives of this illness, it seems altogether probable that there was the complication of pericarditis present. Since then she has had two other attacks of rheumatism; the first occurring when she was eighteen years of age, and the second when she was twenty-one. About two years ago she was troubled for the first time with hæmoptysis, and six months ago she had a recurrence of this difficulty. Lately, she has had a third attack of it, and it was on account of this that she sought admission to the hospital.

When she first came here she was in considerable alarm on account of the hemorrhage, and she was suffering from very marked palpitation of the heart. From the fact that there is such a history as the above, we very naturally direct our attention first to the condition of that organ; and on making an examination of it, we find that the apex is carried down to an abnormal extent, although not much to the left, and that there are two distinct heart-murmurs, one at the base and the other at the apex. The first of these is direct and systolic, and constitutes what is known as a direct aortic murmur, its

greatest intensity being found in the second intercostal space on the right side near the sternum. The second is one of the kind which is called indifferently a mitral direct, a mitral presystolic, or a mitral obstructive murmur, and is heard with the greatest intensity at the apex. Connected with this there is also a sensation of thrill.

From the notes, I learn that there is in addition a slight phthisical affection in this case; but for this we shall have to take the house-physician's word, as I have not time at present to make a careful examination of the whole chest. Furthermore, there is distinct renal trouble present, since the urine is found to contain albumen and tube-casts; although, so far as can be ascertained, there has never as yet been any oedema.

But to return to a consideration of the heart. The heredity is a point of great interest here, and you will understand, I trust, that the reason why various members of this patient's family have been troubled with cardiac disease is because acute articular rheumatism has been hereditary with them. Let us now examine the physical signs a little more minutely; and I need hardly impress upon you that the utmost familiarity with the various signs met with in health and disease, both in the lungs and heart, is indispensable if you wish to make any practical use of the knowledge which you acquire here. In the first place, we decide that there is enlargement of the heart because (1) the apex is in the sixth intercostal space (although, as we have seen, it is not moved outward much), and (2) because the superficial area of cardiac dulness is increased. The amount of the enlargement is moderate here. The apex-beat is of good strength, but it is not abnormally marked. On listening carefully with the stethoscope to the apex-murmur, we find that it is rough in character, and that it occurs after the second sound and is suddenly arrested by the first sound of the heart. As there is no aortic regurgitation in connection with it, a mitral obstruction is thus indicated, and this is here of the kind which is commonly met with, giving rise to the "but-ton-hole" aperture. The basic murmur, on the other hand, is found to be soft and blowing in character, and to be conducted upward into the carotid arteries. It is, as

has been said, systolic, and therefore accompanies and follows the first sound of the heart. Now, will the condition giving rise to these murmurs cause much trouble? No; only a certain amount of inconvenience. One of the points of most importance about such a case as this is to ascertain whether there is any immediate danger, and here we can safely say that there is not. This judgment is not based at all upon the murmurs present; and as a rule it may be stated that the louder a murmur is, the less serious is the lesion occasioning it apt to be. The great thing to ascertain is, What is the condition of the heart as a muscular structure? and as long as it is acting regularly and well we need feel no fear for the patient. The effects of valvular lesions are indirect, and we see in them compensatory provisions of nature. It is when the heart's muscular power becomes enfeebled that the danger begins. The proper criteria by which to judge of the actual condition of the patient and to form an opinion in regard to the future in any given case are, not the murmurs that may be present, but the character of the *impulse* and the *heart-sounds*. So long as these remain right, it makes no difference whether the patient has one murmur or four.

If it is really true that phthisis exists in this case, as diagnosticated by the house-physician, it forms an exception to the general rule; for, ordinarily, we do not find this where there is cardiac disease. Still, we must not forget that in actual practice, both private and hospital, it is much more frequent to meet with two or more distinct affections in the same individual than a student would be apt to imagine from his reading. Thus, in the present instance there can be no doubt that there is at least a renal complication, and it is not unlikely that this may render the prognosis considerably more grave than it would otherwise be.

In the treatment of valvular disease of the heart, we pay no attention whatever to the murmur or murmurs that may be present, but take into consideration principally the invigoration of the general health of the patient. As long as this continues good, there will only be a certain amount of inconvenience experienced at times; and over and over again have I seen individuals who were in a fair general condition tolerate the presence of valvular lesions and

enlarged heart in the most admirable manner, and for long periods of time. As soon, however, as the constitutional vigor becomes impaired, the cardiac affection begins to give rise to troubles that were unknown before. From what has now been said of the present case, we should not be surprised to find that the condition of the lungs and kidney might so far interfere with the improvement of the state of the blood as to render the prognosis quite unfavorable here; but still, notwithstanding the presence of the complications mentioned, it is quite possible that we may be able to sustain the patient's strength for a considerable time, at least, in such a manner that the cardiac disease present will give her but little trouble. Of course, further study and observation of the case are required in order that any very definite opinion to the prognosis may be formed; and in the mean while our aim will be to improve the general condition by means of iron and other appropriate tonics, and the use of the most nutritious diet, of which milk should form a prominent constituent.

PLEURITIC EFFUSION IN CONNECTION WITH PHTHISIS.

The next case which I introduce will be found to be a very simple one; but I scarcely think that it is the less deserving of attention on that account. I fear that sometimes medical students, on account of the ambition of their instructors to exhibit and dilate upon the rarer forms of disease, are better prepared to diagnosticate and treat certain cases which are but very seldom encountered in practice than they are to deal with the commoner ones, which all physicians are liable to meet at any time. This patient, whose name is Bertha F., and who is 20 years of age, is suffering from simple pleurisy with effusion; but the point of most importance about the case is, that there is reason to fear that in connection with this there is present a more serious affection of the chest. In the first place, the family history is very significant. This young girl is an orphan, and she informs us that both her parents died of phthisis, her father at the age of thirty-two, and her mother at the age of twenty-four. In addition, we learn that a brother and an uncle have also died of the same disease. She has always been somewhat delicate, she says, but enjoyed pretty good health up to three years ago, when she began to

suffer from a short, hacking cough. In the course of a few months afterwards she had some hæmatemesis. She is quite confident that she vomited the blood that came up, and says that it was not mixed with froth. In this connection, however, I should not neglect to put you on your guard against making a mistake. Sometimes when blood is expelled very rapidly from the air-tubes it has no frothy appearance whatever, and hence the physician, unless his attention has been especially directed to this point, may be misled, and imagine that it has come from the stomach instead. Therefore we must not attach too much importance in any given case to the fact that the blood is not frothy; but whenever we find that this is the case, we should not neglect to inquire if it came up very rapidly. Then, again, we must remember that sometimes the blood coming from the lungs is swallowed and afterwards vomited by the patient.

After a time the girl had a slight attack of pleurisy, and about eighteen months ago she was obliged to give up her regular work. Six months ago she began to suffer from cold sweats, and her cough became more troublesome, and accompanied by more expectoration. Since then she has continued to lose flesh and grow weaker, and she has suffered from more or less pain about the neck and arms. She entered the hospital just a month ago, and since coming in has remained about the same as regards flesh and strength, though her cough has improved, and she has had considerably less pain.

It is scarcely necessary to go into the physical signs very minutely here, but I think I can readily demonstrate to you the presence of a considerable amount of pleuritic effusion. When a comparison is made between the percussion-note of the two sides of the chest over the upper part of the lung in front, you will notice that on the right side we get a vesiculo-tympanitic resonance,—that is, a resonance of greater intensity than is normally found, which is to some extent vesicular and to some extent tympanitic in character, and the pitch of which is raised in proportion to the tympanitic quality present. This, you will remember, is the rule where percussion is made over the upper part of the lung in any case where there is an effusion which only partially fills the chest. Here, on the other hand, in percussion over the lower

part of the right lung, there is complete flatness; and it is found, moreover, that the upper border of this flatness is a horizontal line. Finally, it can be easily demonstrated that this line of flatness alters with the position of the patient,—whether she is sitting or standing upright, or is in a reclining posture. Here, then, is abundant evidence of the presence of liquid in the pleural cavity; and, in addition, we have the characteristic changes in the voice-sounds; impaired or abolished vocal resonance, with absence of vocal fremitus, below the level of the fluid. As is apt to be the case where there is pleuritic effusion on one side of the chest, the various signs are somewhat exaggerated as regards the healthy lung on the opposite side.

Up to the present time I have not read the carefully prepared history of this patient's case recorded in the hospital books; but from what we have now learned concerning it, I think there can be little doubt that she has been suffering for some time past from pulmonary phthisis, and that the present attack of pleurisy is secondary, being dependent upon the disease in the lung. In the first place we note that there has been the strongest possible hereditary predisposition to phthisis here, since both the mother and father, as well as other relatives, have died from it. Then there has been, for a considerable time, a cough, of a dry, hacking character, which has more recently been accompanied with expectoration, while during the last few months the well-known symptoms of hectic have supervened. The occurrence of pleurisy in such a case as this is really a point in evidence of phthisis; but we often meet with instances where the matter is not so plain, and the existence of phthisis cannot be made out so easily. Under the circumstances (on account of the presence of the pleuritic effusion), it is impossible to obtain the ordinary physical signs of the disease, and we are obliged to depend a great deal upon the history, which may be by no means as straightforward as in the present instance. Where there is some doubt about the correct diagnosis, the presence of moist râles about the level of the upper border of flatness, however, will have considerable significance as probably indicating the co-existence of phthisis.

ACUTE DESQUAMATIVE NEPHRITIS.

We have next a case of different character. This little patient, whose name is

Kate C., and who is 13 years of age, was admitted to the hospital six days ago. The history states that her mother died of phthisis. She enjoyed good health up to five days before her admission, when she began to suffer from general malaise, with considerable dizziness of the head. In three days from the time that she first began to feel unwell there occurred a complete stoppage in her water, which lasted from the morning of one day until the afternoon of the following, or about thirty-six hours. At the same time she began to suffer from pain, headache, and vomiting. On the day after she again began to pass urine she was brought here, and at the time of her admission the temperature was 100°. The urine was found to be high-colored, acid in reaction, of a specific gravity of 1032, slightly albuminous, and also containing hyaline casts. There was no œdema of the feet or other portions of the body. We judge, therefore, from these characters, that the stoppage of water above spoken of must have been due to suppression, rather than retention, of urine. Among other measures resorted to in the way of treatment was dry cupping, and we find now, six days after admission, that the urine is passed freely, and that it is pale in color and of a specific gravity of 1015, while it contains no casts whatever.

At present, therefore, the patient is practically well. But now let us inquire what has been the matter with her. This attack, which I learn (although this is not stated in the notes) came on after exposure to wet and cold, was in all probability one of acute desquamative nephritis, acute tubular nephritis, or acute albuminuria, as the affection is indiscriminately called. It is the form of nephritis which occurs as a sequela of scarlet fever, and which rarely results in permanent disease of the kidneys. When not following scarlet fever, it is ordinarily due to exposure, as in the present instance; and hence those given to intoxication are peculiarly liable to it. This patient presents an exception to the general rule in the fact that no œdema has been present in her case; and this is one of the points of interest about it. Frequently there is a very considerable amount of general dropsy in connection with the disorder. In cases like the present, where there is no œdema (especially in private practice), there is often no examination of

the urine made whatever; and consequently the diagnosis that is given is incorrect. The symptoms, instead of being attributed to their true source, are placed to the account of "malaria," or some other trouble. I would put you on your guard, therefore, against neglecting to make an examination of the urine, even in cases where there is nothing to direct your attention especially to the kidneys.

As regards these cases of acute nephritis, there is not infrequently a certain amount of danger to the patient, from the accumulation of urea in the system. Only to-day I have seen a little girl suffering from acute albuminuria as the result of scarlatina, in whom there is almost complete suppression of urine. In the twenty-four hours previous to my visit she had passed only two ounces of water, and even this was a somewhat larger quantity than she had passed in the preceding twenty-four hours. The symptoms are still comparatively insignificant, so that one would hardly suppose that there was much cause for alarm; and yet the child is in imminent danger, for unless the kidneys resume their secretory functions more perfectly we shall have uræmic poisoning and death resulting. In all such cases the two points of vital importance in connection with the proper elimination of urea from the system are, the quantity and the specific gravity of the urine; and I should like to impress this as strongly upon your minds as is in my power. I may also remark here that the attack of scarlatina preceding the albuminuria (as is frequently the case) was a very mild one, and that in that case, as in the one now before you, there has been no accompanying œdema.

ORIGINAL COMMUNICATIONS.

PHENOL (CARBOLIC ACID),* ITS POISONOUS EFFECTS, AND THE SOLUBLE SULPHATES AS ANTIDOTES.

BY DAVID CERNA, M.D., PH.D.

THIS peculiar substance is obtained from coal-tar by distillation. It is the hydrate of phenyl, its formula being C_6H_5O . When pure, it occurs in long, rhomboidal needles, or in colorless, trans-

* Abstract of the "George B. Wood" prize essay, 1879, read before the Society of the Alumni of the Auxiliary Department of Medicine, University of Pennsylvania.

parent crystals or plates. Carbolic acid has a corrosive, hot taste, and a very peculiar smell, which resembles the odor of creasote. At a temperature of 95° F. it melts into an oily liquid; at 370° it boils and is entirely volatilized. Phenyl alcohol, or phenic acid, as it is sometimes also called, is an inflammable substance, neutral to test-paper; it is very soluble in alcohol, ether, glycerin, acetic acid, and the oils, both volatile and fixed; it is slightly soluble in water. It is distinguished from creasote by its powers of coagulating collodion, and by its being converted into picric acid when acted upon by nitric acid. Again, it does not influence a ray of polarized light, while creasote twists it to the right. Carbolic acid is certainly a very poisonous substance when taken into the animal economy, and the numerous cases which have been recorded in the annals of toxicology attest this.

Symptoms.—Many eminent authorities state that the action of carbolic acid upon all vertebrates, with few exceptions, is the same. According to Dr. E. Labbé,* Salkowski,† and a previous investigator (Dr. Neumann),‡ the frog easily succumbs to the influence of this poison. When a lethal dose is given to the batrachian a marked paralysis follows, which, curiously enough, invariably affects the hind limbs first, gradually extending to the front ones and to the rest of the body; convulsions then (though not always) appear, which are clonic or tetanic, and are certainly of a reflex nature, as they are easily excited by external irritation, as by physical or chemical stimuli, or even a current of air; sometimes a mere motion of the table on which the animal lies paralyzed will cause these convulsions. These effects I have repeatedly observed. Kempster§ says that in the rat carbolic acid causes at first great muscular weakness, followed by violent convulsions and stupor. I made a large series of experiments on rabbits and dogs, and the results obtained in the latter were similar to those obtained in the former. The symptoms produced in the rabbit are as follows:

Immediately after a large dose of the agent is administered, muscular tremors show themselves all over the body; sud-

denly the animal falls on his side paralyzed, kicks violently into mid-air, while the respiration is labored. For several hours the rabbit lies in this condition, convulsions frequently appearing in the interval, and the animal finally succumbs through failure of the heart's action. It may be mentioned, also, that in this animal phenic acid often produces salivation and an intense conjunctivitis.

In the dog the symptoms are also very striking. Here the poison was administered hypodermically and through the rectum, and, in order that the experiments might not be interfered with by a local irritant action, I used a very weak solution in distilled water. On this animal the effects produced are the following:

When a lethal dose is given, muscular tremors, which I think are quite characteristic, appear almost immediately. In a few minutes the animal begins to stagger, and then falls to the ground in a paralytic condition; while in this state a very peculiar tremor of the jaws is observed,—i.e., a shutting and opening of the mouth, which occurs in every case; salivation takes place, and convulsions sometimes appear, followed by (in the course of a few hours) dyspnoea and death. Vomiting was sometimes seen, and marked cutaneous anæsthesia was also observed often.

The symptoms as they occur in man are almost the same as those produced in the lower animals. When a person swallows a large dose of phenic acid, a burning sensation is produced, extending from the mouth to the stomach, and, generally, several minutes elapse before other serious symptoms manifest themselves. The skin becomes bedewed with a clammy sweat; pain exists in the region of the stomach; nausea follows; and vomiting sometimes occurs. The stupor that takes place may deepen into insensibility and even collapse; the ears, the eyelids, the lips, appear livid; froth often shows itself at the mouth; while the pupils are contracted and insensible to light. The respiration is very much interfered with, the movements appearing hurried and shallow, and they may even be suspended at intervals in many cases; the pulse, though feeble, is generally very frequent, although in a case reported|| it has been reduced to from

* Archives Générales, 6e sér., t. xviii. p. 452, 1872.

† Pflüger's Archiv, Bd. v., 1872.

‡ Archiv für Dermatol. und Syphilolog., Jahrgang i. p. 425, 1872.

§ American Journal of the Medical Sciences, July, 1868.

| Medical Times and Gazette, April, 1872.

forty to fifty per minute. Sometimes the victim dies in a very few moments, as in the case mentioned by Dr. Taylor, U.S.N. (*Philadelphia Medical Times*, vol. ii. p. 284): a man took about an ounce of the poison; within *ten seconds* after the ingestion of the fatal dose he fell unconscious; in two minutes he was totally so; his respirations then were exceedingly labored, irregular, and distant, his pulse was gone, and in one minute later he was dead. But usually the patient sinks gradually, and many hours may elapse (generally from one to ten or more) before the last spark of life is extinguished. A case is reported* where the patient lived for *sixty hours* after one and a half ounces of the acid were taken.

Fatal Dose.—The minimum fatal dose in man is as yet unknown. Half an ounce of carbolic acid has been known to cause death in a healthy man;† but even from one to two tablespoonfuls have proved fatal, in fifty minutes, in an adult person.‡ To find out how much of the acid would prove fatal to rabbits and dogs, I made several experiments. I was careful to weigh the animals beforehand, and then introduce a weak solution of the poison subcutaneously and through the rectum; in both these methods I obtained similar results. The following examples, in the rabbit, I here give in detail:

Experiment 1.—Rabbit. Weight 2 lbs. Received four minims of carbolic acid hypodermically at 11.45 A.M. No action whatever was exhibited.

Experiment 2.—Rabbit. Weight 2 lbs. 3 oz. Injected, subcutaneously, six minims at 9.45 A.M. 9.49, very marked muscular tremors appear, which last until 10.33. No deleterious effects, however, were produced, and the animal eventually recovered.

Experiment 3.—Rabbit. Weight 2 lbs. 2 oz. *Animal received, hypodermically, one-half a drachm at 10.15 A.M. 10.20, muscular tremblings now occur all over the body. 10.45, animal loses all power of voluntary movements; convulsions are present. 12.20 P.M., tremors still present; intense conjunctivitis, salivation; respiration somewhat labored. The animal lingers in this way until death, which took place at 2.15 P.M.

Experiment 4.—Rabbit. Weight 2 lbs. 1½ oz. Injected, at 11.25 A.M., one-fourth of a drachm, subcutaneously. 11.33, muscular tremblings appear, which continue for half an hour; but no other symptoms were produced, and the animal recovered.

Experiment 5.—Rabbit. Weight 2 lbs. 2 oz. At 2.35 P.M. administered one-half a drachm of carbolic acid. 2.40 P.M., the characteristic tremors appear, and the results were similar to those of Experiment 3.

Experiments 6 and 7 gave identical results.

Seeing, therefore, that one-half a drachm, or thirty minims (not less), proved fatal to a rabbit weighing two pounds two ounces, we conclude that the minimum lethal dose in these animals is fourteen and one-eighth minims per pound.

The dog appears to be more susceptible to this poison than the rabbit, as the following experiments seem to prove:

Experiment 8.—Dog. Weight 4 lbs. 5½ oz. At 11.55 A.M. injected one drachm. Died with all the symptoms of carbolic acid poisoning at 12.59 P.M.

Experiment 9.—Dog. Weight 14 lbs. Exhorted through the rectum one ounce of carbolic acid at 9.55 A.M. 9.57, muscular tremors begin to show themselves all over the body. 10, paralysis, apparently; salivation. 10.30, slight purging. 1.15 P.M., the animal is well again.

Experiment 10.—Dog. Same weight as last. Injection, hypodermically, of one and a half ounces. Results similar to last were obtained. Animal recovered.

Experiment 11.—Dog. Weight 7 lbs. Gave, subcutaneously, at 10.15 A.M., one drachm. 10.20, the tremors begin to appear all over the body. 10.50, tremblings more marked, especially the motion of the mouth already referred to; salivation occurs. 10.55, the dog is completely paralyzed, and the tremors continue until death, which took place at 12.35 P.M.

Experiment 12.—Dog. Weight 9 lbs. Administered, at 9.45 A.M., one drachm, through the rectum. Identical results were observed, but the animal eventually recovered.

Experiment 13.—Dog. Weight 14 lbs. 2 oz. Injected into the rectum one drachm at 1.16 P.M. No other symptoms were produced than mere muscular tremors.

Experiment 14.—Dog. Weight 14 lbs. Gave, through rectum, one and a half drachms of carbolic acid at 10.30 A.M. 10.32, the regular tremors begin, accompanied with salivation. 10.40, purging; 11.25, vomiting occurs. Eventually the animal recovered.

Experiment 15.—Dog. Weight the same as the last. To this I administered two drachms, through the rectum, at 11.10 A.M. The symptoms here produced were identical with those obtained in Experiment 11. The animal died at 1.42 P.M.

Experiment 16.—Dog. Weight 20 lbs. 2 oz. Injected into rectum two drachms of carbolic acid at 12.5 P.M. Almost immediately the characteristic muscular tremors appear, but no fatal issue occurred subsequently.

* Sydenham Year-Book, p. 446, 1871-72.

† Philadelphia Med. and Surg. Reporter, January, 1870.

‡ Husemann's Jahresbericht, p. 523, 1872.

It takes no less than two drachms to kill a dog weighing fourteen pounds, and therefore we conclude here that the minimum fatal dose in these animals is eight and four-sevenths minims of carbolic acid per pound.

ANTIDOTES TO PHENOL.

In looking over the literature of the subject, I find that up to within a few years little had been done towards discovering some antidote to this poison.

As recently as 1871, Dr. Husemann* recommended as a good antidote to phenic acid a very strong solution of saccharate of calcium; although other alkalies, provided they are given in very large doses, may be substituted for the calcium salt.

A fact insisted upon by Baumann and Herter,† not mentioned before, is that *pari passu* with the action of phenic acid the salts of H_2SO_4 disappear from the urinary secretion, and when the poisonous symptoms attain their height in intensity, not a trace of such salts can be discovered in the urine; while, at the same time, the amount of associated H_2SO_4 is increased to a very large extent. Again, according to Baumann, when a sulphate (for instance, that of sodium) is administered to an animal under the influence of carbolic acid, a chemical change takes place, which results in the production of *phenol-sulphuric acid*,—an innocuous substance. He therefore concludes that any soluble sulphate is a direct chemical antidote to the poison under consideration. Sonnenberg arrives at the same conclusion with regard to the antidotal powers of the sulphates. He made several trials on men, and found that the symptoms of poisoning by carbolic acid disappeared very quickly when the sodium salt was given. In cases of its local application in surgical practice, Sonnenberg found that when the urine became dark-colored (certainly a marked symptom of the effects of phenic acid), if the administration of sodium sulphate is resorted to, this salt exerts a powerful influence in restraining the further outbreak of poisonous symptoms, and that it is possible to continue the dressing, unless there is a great individual susceptibility to carbolic acid.‡

Such information, obtained from such excellent authorities, induced me to repeat

the experiments of Baumann. I made a long series of observations, and the results obtained are very satisfactory, and fully corroborate those of the investigator referred to. For these experiments I used both rabbits and dogs, administering the poison and the antidote both by the rectum and subcutaneously. The principal salt used in my observations was the *sulphate of magnesium*. I only record a few of the experiments. First, those on the rabbit, as follows:

Experiment 17.—Rabbit. At 9.55 A.M. injected, subcutaneously, one-half a drachm of carbolic acid; immediately twelve grains of mag. sulph. were administered. 10.30, no symptoms are observed whatever, the rabbit appearing as lively as ever. 4.30 P.M., the animal does not as yet exhibit any evidence of the action of the poison given. The rabbit eventually recovered, and was used again for another experiment. I forgot to state that the animal used weighed 2 lbs. 2 oz.

Experiment 18.—Weight 1 lb. 3 oz. At 1 P.M. administered, hypodermically, fifteen minims of phenic acid, followed by the introduction of eight grains of the sulphate. No evil effects were produced. In a future trial the same rabbit succumbed to the same dose when no salt was given.

Experiment 19.—Rabbit. Weight 2 lbs. 3½ oz. Injected, subcutaneously, thirty-five minims of the poison at 9.40 A.M. No sulphate was given. 9.47, muscular tremors began to appear. 11.15, convulsions, not marked, occur. 11.35, ten grains of the sulphate were given. 1.15 P.M., tremblings much less marked. 5.30, animal appears very much better; tremors feeble and rare; paralysis begins to disappear. 5.35, injected five grains of the salt. 6.25, the animal is able to jump around. 8.15, all the symptoms of carbolic acid poisoning have disappeared entirely, the animal exhibiting a marked tendency to get well. 10 P.M., the rabbit goes into a swoon, apparently, but, after remaining in this condition for a few minutes, it suddenly gets up, jumps forward, and dies in a convulsion at 10.15. This experiment is very instructive. It shows that when the animal was completely under the poisonous influence of carbolic acid, the administration of the sulphate of magnesium proved efficient in checking and totally abolishing (for the time at least) all the symptoms of the deleterious agent which, in a few minutes longer after the ingestion of the poison, would, without the influence of the salt, have certainly proved fatal. Had the administration of the sulphate been continued, there is every probability that the acid would have met with a powerful and victorious foe, and the animal would doubtless have completely recovered.

Experiment 20.—Rabbit. Weight 2 lbs. 5

* Neues Jahresb. für Pharm.

† Zeitschrift für Phys. Chemie, i.

‡ Medical Times and Gazette, vol. ii., 1878.

oz. Injected, at 11.10 A.M., thirty-five minims of carbolic acid, followed by a dose of twelve grains of the sulphate. 11.15, slight tremors show themselves; 11.30, the salt was repeated in a five-grain dose; 2 P.M., no bad symptoms as yet developed. The rabbit eventually recovered, and was afterwards used again. The same animal died when the same dose was given to it unaccompanied by the salt.

I made also some experiments in which the *sodium sulphate* was used as the antagonist, and similar results were obtained. We see, therefore, that the sulphates, in the rabbit, possess antidotal powers against carbolic acid.

In the dog the results which ensued were identical, except that in the case of this animal larger doses, proportionately, of the sulphate had to be ingested to counteract fully the action of the acid. Here both agents were given under the skin and through the rectum. The following are examples:

Experiment 21.—Dog. Weight 8 lbs. Injected, hypodermically, one and a half drachms of carbolic acid at 10 A.M., followed by the administration of twenty-four grains of magnesium sulphate. 10.45, the animal vomits. 11, tremors are present and continue for two hours, the dog vomiting at intervals. At 1.30 P.M. twelve more grains of the salt. 3.30, all symptoms have disappeared, and the animal is perfectly well. The same dose, when no sulphate was given, killed the same dog afterwards.

Experiment 22.—Dog. Weight 12 lbs. Gave, through the rectum, one and a half drachms of carbolic acid at 9.35 A.M., and, five minutes later, ingested twenty grains of the sulphate. 9.47, slight tremors appear, and the animal shows evidences of weakness. 10, tremors quite marked, the animal apparently unable to hold the erect position, for he attempts to get up, but invariably falls to one side or the other. 10.10, seemingly paralyzed; tremors continue; salivation. Twenty more grains of the salt are given. 10.25, animal is very quiet; 11.49, all the symptoms have gone, and the animal is well again. The same animal succumbed to the poison when given in the same quantity and without the magnesium salt.

Experiments 23, 24, 25, and 26 gave similar results.

The above experiments seem to prove that in the dog also the sulphates possess powers antidotal to carbolic acid. The question now arises, Is this antagonistic power of the sulphates, in relation to phenic acid, a chemical or a physiological one? Practically, it does not matter to

the physician what the character of the antidote is, whether the one or the other; but certainly it is of some interest, from a scientific point of view, to know the true nature of the action of the sulphates in regard to the poison in question.

As mentioned previously, Baumann has stated that when any soluble sulphate is exhibited to an animal suffering from carbolic acid poisoning, a new, or rather a third, substance is formed in the economy, as a result of the combination of these two agents, which substance is harmless. Baumann does not appear to have proved this, however, but supposes this to be the explanation of the antagonistic powers of the sulphates.

Wishing to satisfy myself of this matter, I proceeded immediately to investigate the subject in the chemical laboratory of the medical department of the University. I made several solutions of the sulphate of magnesium and of the acid, and then combined them in different proportions, allowing the mixed solutions to evaporate spontaneously, my object being to obtain the sulpho-carbolate of magnesium, and afterwards to investigate the physiological properties of this new substance. Hot baths were also resorted to for evaporation of the solutions referred to. Combinations were also made of very concentrated solutions of magnesium sulphate and pure liquid phenic acid itself, allowing such to evaporate spontaneously or enhance the process by the aid of hot baths. Certainly chemistry never fails; my experiments, however, did so, for in no instance did I obtain, in these procedures, the sulpho-carbolate. From this, therefore, I am inclined to disbelieve the statement of Baumann, that such a substance is formed in the animal economy when the sulphates and carbolic acid are both circulating there, for, if such was the case, similar results, in all probability, could be obtained in the chemical laboratory, employing the methods I have mentioned. The subject (at least this part of it) is still under investigation, and I propose to publish, at a future time, the results of my observations, when I shall have had time to investigate it more fully. The chemical investigations above described were made under the supervision of Dr. Griffith E. Abbot, former Demonstrator of Chemistry in this University, to whom I tender my thanks for his valuable assistance.

The conclusions at which I have arrived, thus far, are the following:

I. The minimum fatal dose in the rabbit is fourteen and one-eighth minims of phenol per pound of the animal.

II. In the dog the minimum fatal dose is eight and four-sevenths minims of the poison per pound.

III. The soluble sulphates, acting in some manner as yet undetermined, form the most valuable antidotes to phenol thus far ascertained.

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.

MEMORANDA OF A CASE OF RUBELLA IMMEDIATELY FOLLOWING SCARLATINA.

BY S. J. RADCLIFFE, M.D.,

Washington, D. C.

APRIL 4 last I was called to see the child of J. C. F., aged $2\frac{1}{2}$ years. I found him suffering from well-marked scarlet fever; eruption over the body and extremities bright and characteristic; fever high, throat inflamed and swollen, tongue red and exhibiting well the peculiar elevated papillæ of scarlet fever. Child very fretful and restless, and quite sick. The disease progressed favorably up to the beginning of the third week. All the symptoms had subsided, desquamation was going on, and convalescence seemed to be setting in. Suddenly he had suppression of urine, with drowsiness. His mother said he had passed only a tablespoonful of urine in twenty-four hours, and desired to sleep all the time. These symptoms passed away satisfactorily in a few days, leaving him seemingly no worse off than before. On the third day of my visits another child, aged 10 years, in an adjoining room, broke out with measles. Eruption perfect and general. He had had some febrile and catarrhal symptoms for a few days previously, and we supposed we had another case of scarlet fever. He required very little treatment, and in a short time was convalescent. At the end of the third week the first child became sick again. Considerable fever developed, with irritable cough and malaise, and it was thought or apprehended he had relapsed, or some unfavorable sequela was about to show itself. To my surprise he broke out all over, face and all, with the eruption of measles, the laryngo-tracheal irritation and

cough being very distressing. The measles went through the usual phases, convalescence was soon re-established, and he got apparently perfectly well without the least trace of either disease remaining. The other boy did not take scarlet fever, nor did either of the other children, and only one of the others took measles, and this one, aged four years, was sick at a friend's house, where she had been sent for protection from scarlet fever. Perfect isolation and ventilation were enjoined, and, as far as could be, strictly carried out.

NOTES OF HOSPITAL PRACTICE.

EYE CLINIC, JEFFERSON MEDICAL COLLEGE HOSPITAL.

ADVANCEMENT OF THE INTERNAL RECTUS—TWO OPERATIONS.

Reported by WILLIAM S. LITTLE, A.M., M.D.,
Chief of the Clinic.

MAY 19, 1876, a girl, æt. 13 years, came under observation, presenting a wide divergent strabismus of the right eye. She was compelled to hold her head at an angle of 45° to the left, at the same time turning the left eye towards the inner canthus, in order to obtain effective and comfortable vision.

She stated that when four years of age she had a convergent strabismus, it being due to an inflammation of the cornea following an attack of measles in her babyhood. At this age she was operated upon, both internal recti being divided. Gradually a divergent squint developed, leaving her in the condition stated.

An examination showed an irregular depression in the cornea of the right eye; no opacity, but a loss of substance, and this most marked at an angle of 135° ; the centre of the cornea was involved.

The strabismus in the right eye was very marked, the limbus of the cornea reaching to the external canthus, and the internal rectus had no power of moving the eye inward: to compensate for this, movement of the head to the left and turning the left eye inwards was necessary.

R. E., V = counts fingers at three feet.

Field of vision limited to upper and outer portion of retina; amblyopic.

L. E., V = $\frac{20}{xx}$.

Dr. William Thomson, before the class, divided the external rectus and advanced

the internal rectus of the right eye, leaving the eyes in a normal position, and with head held straight.

No refractive study was made at this time, and only a cosmetic effect was sought. Patient made two or three subsequent visits, and was not seen again till April 5, 1879, three years later.

During this interval, slowly, a divergent strabismus re-established itself,—not so marked as before, being 4": her head was held at an angle of 33° instead of 45°, and the left eye still turned in. Acuity and field of vision the same as before.

She desired another operation, but before attempting it I decided to correct the ametropia existing, for the loss of substance in the cornea had produced astigmatism in that eye, and the left eye was found to be defective also. I had done the same in a similar case, reported by me in the *Philadelphia Medical Times*, August 3, 1878, and where a permanent result was obtained.

R.E., atropia, $V = \frac{5}{C}$; astigmatic test clear, 30°.

+2.d \odot +3.d cyl. axis 40°, $V = \frac{5}{XL}$.

L.E., atropia, $V = \frac{20}{LXX}$.

+1.50d \odot +0.50d cyl. axis 90°, $V = \frac{20}{XX}$.

The glasses being made, on March 28, 1878, Dr. William Thomson, before the class, performed again the operation for advancement of the internal rectus.

The operation was difficult, on account of the adhesions existing and atrophied condition of the tissues from the former operation. The tendon of the internal rectus was gone, and the fibres of the muscle were few; the suture was tied to the conjunctival flap at the edge of the cornea instead of to the tendon. After operation a convergence of 3" was present; little reaction followed, and sutures were removed on the sixth day. The eye remained straight; head in position. The glasses were worn the day after operation.

June 28, 1879, I tested the vision of the right eye, and found it had improved $V = \frac{20}{C}$. Field of vision increasing.

L. E., $V = \frac{20}{XX}$.

She holds her head straight, her vision being made good, and without effort beyond what is natural, by the glasses she required. A return of the cosmetic defect is unlooked for.

TRANSLATIONS.

MENSTRUATION.—Osterloh gives the following statistics derived from the Lying-in Institution in Dresden. In 3188 women menstruation began at 16½. Country girls began to menstruate later than city girls. Blondes menstruated earlier than brunettes (Jewesses were not examined). In 236 women who suffered from rachitis in childhood the year of first menstruation was 17¼. Of 3212 women, 2074 (64.45 per cent.) presented a regular periodicity. In 15 of these the menses occurred bi-weekly, in 263 tri-weekly, in 7 every three and a half weeks, in 1783 every four weeks, in 2 every five weeks. In 277 (8.63 per cent.) the occurrence was irregular, with intervals from a few weeks to a year. The duration in 2080 cases was one to five days, in 637 over five days, in 297 variable; 232 women experienced prodromal signs, 909 accompanying symptoms, particularly pain in the loins, abdomen, and head. Osterloh concludes as the result of his investigations that menstruation tends to great irregularity.—*Berliner Klin. Wochens.*; from *Jahresb. der Gesellsch. f. Nat. u. Heilk. in Dresden*, 1877-78.

PILOCARPINE IN PUERPERAL ECLAMPSIA.—Dr. Braun reports the case of a primipara, 21 years of age, who was seized with convulsions about an hour after the safe and easy delivery of a living healthy child. These recurred at intervals of four hours, stupor existing in the intervals. Morphia and chloral were prescribed. Twenty-four hours later he saw the patient again. She had had ten severe seizures and numerous slight attacks in the mean time. She was perfectly insensible; the pupils were enlarged and immovable. No urine had been passed; the bladder was empty. Breathing rattling; there was marked cyanosis. With the idea that puerperal eclampsia is dependent upon uræmic poisoning, it occurred to Braun that a powerful sudorific, which, by its abstraction of water, might reduce the blood-pressure throughout the system, and which also might remove some of the toxic matters from the blood by its excretion of urates, would be useful. With this object he injected 0.03 centigr. (½ grain) chloride of pilocarpine subcutaneously. A profuse secretion of saliva and sweat was the result. The convulsions quickly diminished, and from that moment the patient began to amend, and finally

made a good recovery. Braun concludes that chloride of pilocarpine, in the dose of 0.02 to 0.03 centigr. ($\frac{1}{2}$ to $\frac{1}{2}$ grain), causes, as Prof. Leyden has said, with absolute certainty a profuse secretion of saliva and sweat. It likewise appears to give rise to a copious serous secretion along the entire digestive tract, but has no effect upon the urinary secretion.—*Berliner Klin. Wochens.*, 1879, No. 24, p. 358.

HÜTER'S THEORY OF SCOLIOSIS CRITICISED.—Dr. Dornbluth, in accordance with the anatomical facts of H. Meyer and Volkmann's doctrine, opposes energetically the assertions of Hüter (*Klinik der Gelenkrankheiten*). The latter, as is known, asserts a primitive asymmetrical development of the thorax, and considers all scolioses, lumbar and cervical as well as dorsal, as secondary conditions. "It is an error," says Hüter, "to believe that scoliosis begins by a curvature of the spinal column; it commences by a greater projection of the angle of the ribs on one side, and always on the convex side corresponding to the vertical curvature." Dornbluth objects to this, asserting that cases of primitive lumbar scoliosis and of total unilateral scoliosis give the negative to Hüter's statement. After criticising Hüter's views *in extenso*, Dornbluth concludes as follows. 1. The projections which are observed near the convex side of the vertebral column are produced, not by change in form and volume of these sides, but by a rotation of the vertebræ inherent in all vertebral curvatures, for they are found as well near the abdominal vertebræ as the thoracic. 2. The prominence of the costal angles is due to deviation of the vertebræ, as well as to displacement and sinking in of the ribs which follow. 3. The hypothesis of a primitive deformity of the ribs has no foundation. The displacement and deformity of the vertebræ by pressure due to asymmetric development of the thorax are physically impossible. 4. The form of the scoliotic vertebral column, of its parts, and of the thorax, is explained by the unequal division of the weight of the body (*ungleichen Belastung*), just as in analogous changes in other articulations.—*Gaz. Hebdom. de Montpellier*, July 12, 1879; from *Virchow's Archiv*.

CHRONIC ULCERS OF THE ANTERIOR AND POSTERIOR COMMISSURES OF THE VAGINA.

—K. Schröder describes a number of cases of this affection, which has hitherto not

found a place in literature. Ulceration in the neighborhood of the external opening of the urethra and in the fossa navicularis is usually—probably even invariably—the result of venereal disease; it is stubborn and persistent, very difficult to cure, and shows an extraordinary tendency to relapse. Schröder describes the affection as of traumatic origin, usually occurring in vaginæ which are abnormally advanced and sometimes lying upon the symphysis pubis. Here the penis not infrequently penetrates the urethral orifice. Probably soft chancres occur in some cases, but as a rule syphilis is the cause of these ulcerations. In the anterior commissure the urethral mucous membrane may ulcerate primarily. Most frequently this is the case when chancres develop in this locality, or when severe inflammatory swelling, with prolapse of the hypertrophied urethral mucous membrane, occurs, with gradually deepening ulceration, which divides this membrane from the subjacent tissues. In the more advanced forms the opening of the urethra is distorted, the urethral caruncle hangs in the entrance to the vagina, and a large ulcerated surface is found between the clitoris and the urethral opening. Stricture of the urethra occasionally occurs; more usually, however, a finger can be introduced. In the posterior commissure the ulceration begins in front of the hymen or the caruncles, penetrates deeply into the tissues, and forms in the perineum a ragged excavation, which may reach or even penetrate the rectal walls. The symptoms of this affection are not striking or severe: rest and cleanliness are very important. When destruction of the urethra has taken place, Schröder operates for a new one. Recto-vestibular fistulæ make the prognosis unfavorable.—*Chl. f. Med.*, 1879, p. 413; from *Charité Annalen*, iv., s. 347.

DIGITALIN.—M. Cadiat, as the result of certain experiments, described at a meeting of the Académie des Sciences, concludes that digitalin, given to animals in toxic doses, operates as a poison to the heart. It acts directly upon this organ, causing, as has been frequently noted by various authors, a tetanization of the ventricle and a diastole of the auricle. It has no action on the nervous centres, on the peripheric nerves, or on the muscles.—*Bull. Gén. de Thérap.*, 1879, t. xcvi. p. 558.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 13, 1879.

EDITORIAL.

NOT SO BAD AFTER ALL.

WE hear so much of adulteration nowadays that we are apt to take pessimistic views of the morals of trade, and to believe not only "that whatever is is wrong," but that whatever is made is bad. To believe the paragraphs which are afloat in the papers, the unhappy citizen sits down with his family to a breakfast-table groaning with factitious articles of food and fabricated beverages. His bread, which is chiefly made of ground plaster of Paris, is spread with an oleaginous "butterine," manufactured from the slime of the polluted river which furnishes the sparkling goblet of soluble typhoid poison with which he quenches his thirst under the name of water. If he shuns the toxic fluid and drinks coffee, the berries are ingeniously-stamped bits of wood or cracked date-seeds, if nothing worse. If he takes tea, the chance is that it is a mild decoction of blackberry leaves. His sugar is sanded; his "cream" a mere simulacrum of the lacteous fluid. Each day some new fraud is devised to cheat him with inert or poisonous articles of diet.

But a gleam of light has been shed on this gloomy prospect by the appearance of the report on Food and Drugs recently issued in England by the Commissioners of Inland Revenue. From an abstract of this report, by Prof. Henry Morton, published in *The Plumber and Sanitary Engineer*, it appears that some twelve thousand samples of food were examined during the past year, most of which turned out to be pure and as represented. A sample of gin suspected of undue watering was found quite strong enough for practical purposes.

A sample of pepper was alleged to be adulterated with sand, but the quantity which was found was not more than may be found in pepper in the whole state, as imported. No fewer than seventy-one samples of genuine milk were found derived from dairies in and about London. In Ireland no small excitement was caused at Ballyshannon Fair, in consequence, it may be believed, of the absence of "fun" as a result of the imbibition of the whisky sold there. Careful examination, however, showed this spirit to be quite genuine, with the exception, in one of the samples, of "traces of a certain pungent matter resembling Cayenne pepper." Cigars suspected of containing opium were found, on careful analysis, quite free from that drug. Tobacco, indeed, was frequently adulterated, but with nothing more deleterious than sugar. The cases of adulteration of beer which came under notice during the year were comparatively few.

That this must be cheering news to the English adulterophobist need hardly be said. But may not we on this side of the Atlantic take courage? It is hardly to be supposed that a free and independent people would deliberately give itself up to adulteration of food,—unless there was money in it. And, really, perhaps this tendency to adulterate which is inherent in the mercantile nature is, here in America, finding a harmless effervescence and outlet in the manufacture of canned and potted meats, codfish-balls, fried mush, etc. We can imagine that the invention and concoction of some of these patent foods may give a twang of what Mrs. Malaprop would call "adulterous pleasure" to minds so disposed, without really doing any one harm.

SALICYLIC ACID AS AN AID TO DIGESTION.
—Kolbe, well known in connection with the introduction of salicylic acid into medical use, employs it habitually in his own case for dyspepsia. He takes a grain (gramme?) a day habitually, while almost all the beer and wine he drinks is salicylated.

NEW REMEDIES.

FLUID EXTRACTS.

Coto Bark.—From BOLIVIA. Almost a specific in Acute and Chronic Diarrhoea, Cholera, Cholera Morbus, etc.

Cascara Sagrada.—(Rhamnus Purshiana.) From the PACIFIC SLOPE. A certain remedy for Habitual Constipation; and very useful in all cases where a laxative or cathartic is indicated. Beware of the fluid extracts of spurious varieties of this bark.

Folia Carobæ.—From BRAZIL. A powerful alterative, which exerts a marked curative action in Syphilis, Scrofula, and kindred disorders.

Rhus Aromatica.—A remedy in Diabetes, and other Diseases of the Genito-Urinary Organs.

Damiana.—(Turnera Aphrodisiaca.) From MEXICO. The best known aphrodisiac. Of great value in Impotence, Spermatorrhœa, and Loss of Sexual Appetite.

Boldo.—(Peumus Boldo.) From CHILI. The new tonic. Very useful in Dyspepsia, Hepatic Torpor, Yellow Fever, etc.

Berberis Aquifolium.—From CALIFORNIA. Has marked alterative and tonic powers, and has been used with extraordinary success in Salt Rheum, Psoriasis, Eczema, Scrofula, and Syphilis.

Black Haw.—(Viburnum Prunifolium.) From the UNITED STATES. Employed to prevent Abortion and Miscarriage.

Grindelia Robusta.—From CALIFORNIA. A valuable curative agent in Asthma and Diseases of the Air-Passages.

Grindelia Squarrosa.—From CALIFORNIA. Antimalarial. Used in Enlarged Spleen and other Malarial Diseases.

Cereus Bonplandii.—(Cereus Grandiflorus and Cereus McDonaldii.) From MEXICO. Heart Sedatives. Very useful in controlling Functional and Organic Disturbances of the Heart.

Kaki.—(Diospyros Kaki.) From JAPAN. Peculiar action on the mucous surfaces. Useful in Mucous Dyspepsia, Typhoid Fever, etc.

Cercis Canadensis.—Indigenous. A positive remedy in Chronic Diarrhoea, Dysentery, etc.

Jaborandi(Diaphoretic). **Guarana**(Sick Headache). **Fucus Vesiculosus**(Anti-Fat).

Coca(Nervous Stimulant). **Kava Kava**(Gonorrhœa). **Bearsfoot**(Enlarged Spleen).

Eucalyptus Globulus(Antiseptic and Antimalarial). **Yerba Santa**(Coughs).

Yerba Reuma(Catarrh). **Wood Belony**(Dyspepsia). **Ustilago Maidis**(Oxytotic).

Penthorum Sedoides(Catarrh). **Soap Tree Bark**(Tooth Wash).

CRUDE DRUGS.

Goa Powder(Ringworm and Diseases of the Skin).

Gurjun Balsam(A Substitute for Copaiba).

Alstonia Constricta(A Substitute for Calisaya).

SUGAR-COATED GRANULES.

Calcium Sulphide, 1-10 gr.(For the Cure of Boils and Carbuncles).

Our limited space prevents our describing in detail the history and application of each remedy, but to those interested in NEW REMEDIES, we will say that we can furnish interesting information relative to the above new drugs.

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THREE AWARDS, INTERNATIONAL EXHIBITION, PHILADELPHIA, 1876.

MEDAL AWARDED, UNIVERSAL EXPOSITION, PARIS, 1878.

CORRESPONDENCE.

LONDON LETTER.

THE great medical event of the last month has been the annual meeting of the British Medical Association, which held its forty-seventh meeting at Cork. This is its second visit to Ireland, having met in Dublin in 1867, under the presidency of the late illustrious Dr. Stokes. This year Dr. Falconer, of Bath, retired in favor of Dr. O'Connor, of Cork, the Professor of Medicine in Queen's College, Cork, and the senior medical officer of the hospital. It was a successful gathering, and numerous attended, considering the position of Cork, one of the attractions being the locality and the excursions which terminate the meeting. The first general meeting was held on the Tuesday evening, when, among other things, it was announced that the council had awarded to Surgeon-Major James Henry Reynolds, of the Army Service Department, the Gold Medal of the Association for "distinguished merit," in consequence of the gallant manner in which he behaved at the fight of Rorke's Drift, in Zulu Land. A surgeon, as a non-combatant officer, is left out in the cold when others are decorated for bravery; consequently the Association has founded a medal for merit. Beyond this there was nothing but the ordinary proceedings,—the usual laudation of each other by certain elderly members of the Association, which has become wearisome from repetition, the more that there is a wide-spread suspicion that the progress of the Association has rather been retarded and thwarted by them than aided. But on such a subject perhaps it is kindly not to investigate too curiously.

The profession in the United States was represented worthily by Drs. Lewis Sayre, Sr. and Jr., Loring, and Beard, of New York; Dr. Turnbull, of Philadelphia; Dr. Byford, of Chicago; Dr. Palmer, of Michigan; and Dr. L. Vandell, of Louisville. The financial position of the Association is very satisfactory, in spite of the heavy disbursements of last year, consequent upon the change of premises in London. The address in Medicine was delivered by Dr. Hudson, Professor of Physic in the University of Dublin. He chose as the subject of his discourse "Laennec: his Labors and their Influence in Medicine." Familiar with disease in his own person, Laennec was remarkable for incessant toil. He commenced his medical life as a pupil of Corvisart's, in La Charité, where he labored assiduously. Here it was that he invented the stethoscope and discovered the advantages of mediate auscultation, which has done so much to clear up our views as to intrathoracic disease. Yet at the time the announcement was received with chill incredulity or scornful ridicule. Three years after his work had been translated into English,

Sir John Forbes wrote that not once in the English army had the stethoscope been used. "The new light was too strong for older eyes," says Dr. Hudson. The stethoscope made as little way at first as the mediate percussion of Avenbrugger. C. J. B. Williams studied under Laennec; Stokes, Corrigan, and others drank in his teaching; and gradually physical examination of the chest made its way, until there seem solid grounds for holding that its sway now is somewhat tyrannous. Laennec himself never undervalued a proper consideration of the rational symptoms in his enthusiasm,—a fact which young physicians, in their zeal, would do well to remember. Curiously, Laennec seems not to have recognized the friction-sound of an inflamed serous membrane. As to his treatment, he bled freely and gave tartar emetic, after the fashion of his time. Yet he comprehended the value of paracentesis, and laid down rules for its performance, advocating early operation.

After giving a history of the various views held by pathologists as to the nature of tubercle and the relations of pathological investigation to clinical medicine, Dr. Hudson quoted the late Mr. Buckle, the historian, to the effect that "the philosophic pathologist is as different from a physician as a jurist from an advocate, or an agricultural chemist from a farmer. The two sets of functions may be united, and occasionally, though very rarely, they are, but there is no necessity for their being so." This expression of opinion is also worthy of the attention of the young men of the present day, who are apt to view disease too exclusively from the dead-horse point of view. Laennec observed that fatty degeneration of the heart was not a mere inflammatory process, as had been thought, in its chronic as well as in its acute forms; while he recognized its association with severe fever, and perceived the necessity for wine and tonics in its treatment in convalescence. He recognized the fact that digitalis was of no benefit in hypertrophy of the heart,—a piece of knowledge not yet shared by all the members of the profession. Laennec distinguished the difference betwixt fatty degeneration of the muscular fibre of the heart and fatty infiltration between the muscular bundles, and also the coexistence of softening and hypertrophy, to which I have given the name of "failing hypertrophy," adopted by Dr. Hudson.

He closed his oration with the assertion that to Laennec we owe that careful bedside examination of our patients which is simply invaluable.

The address in Surgery was delivered by William Savory, F.R.S., Surgeon to St. Bartholomew's Hospital, who chose for his subject "The Prevention of Blood-Poisoning in the Practice of Surgery." As to the term "blood-poisoning," he said, "I shall employ it in its comprehensive sense,—viz., to express the sum of the effects produced by the intro-

duction of matter changed by the action of septic poison into the blood. By septic poison I understand matter capable of producing or promoting putrefaction." He did not include under this head specific poison, like that of scarlatina or measles. What the nature of such poison—whether organisms or not—he did not stay to inquire. He maintained that we have no knowledge that these mischievous particles ever originate within the blood. If these particles existed to the extent which some supporters of the germ theory assert, then how could exposed wounds heal kindly, as they not rarely do? He holds that to work mischief these particles must find their way into the blood, and that the fine animal membrane termed "granulation tissue" prevents this in many cases. Consequently there was risk in new wounds where this tissue had not had time to be developed, or in wounds which are unhealthy in character or flagging in action. The mischief is less likely to happen in proportion as the wound is healthy and repair is rapid. Thorough cleanliness, in the surgical sense as well as in and beyond the common-sense interpretation of the term, is, then, absolutely essential to the well-being and safety of the patient. Change in the character of the pus of a wound is fraught with danger. As long as the pus is healthy, all is well; when it becomes foul or putrescent, then danger is afoot. Once it was held that all danger arose from within; then came the view of the danger coming from without. He says, "Then, when the truth began to dawn that the actual poison was derived from without, the pendulum of opinion, as is its wont, swung at once to the opposite extreme, and I venture to think that of late the opposite error has prevailed, of regarding only the conditions under which the poison is formed, and losing sight altogether of the conditions under which it affects the blood." After insistence upon thorough cleanliness, he goes on to say, "Perhaps an instance hardly ever occurs now, in the treatment of a wound, in which an antiseptic of some kind is not in some way employed during its progress; never, perhaps, in what should be called civilized surgery, if we allow, as we should allow, free ablution with clean water, adequately used, to be among the simplest, safest, best of antiseptics." Further, "It cannot be doubted that the occurrence of blood-poisoning during the progress of wounds and recovery after operations has been of late far less common than formerly, and is, I venture to say, daily becoming yet more rare." Much of this he thinks due to the generous and emulous rivalry of surgeons to procure the best results and to attain a minimum death rate, since the still waters of surgery have been stirred by the introduction of the modern angel, "Antiseptics," by Prof. Lister. The most scrupulous care is now devoted to the dress-

ing of wounds, no matter what plan of treatment be adopted. A further good result of this rivalry has been to draw attention to the state of health of the patient before the operation. And he says, "Never, when we have choice and opportunity, do we inflict an injury without previous inquiry in this direction very fully carried out." He then proceeded to describe how he personally would treat a wound, such as an amputation of the thigh or an excision of the breast, according to the principles he had laid down; but there is nothing in this to deserve full quotation, for nothing less would be justifiable. He criticised severely the present fashionable resort to drainage-tubes. The purpose for which they are employed is undoubtedly clear and sound enough,—viz., to avoid the accumulation of fluids in wounds. But he thought this end could often be attained by other means, such as seeing that there is an outlet at the most dependent point of a wound, and by the use of thin strips of gutta-percha or some threads of carbolyzed catgut. But, if possible, all these things should be avoided; they act as foreign bodies; "a drainage-tube is, in fact, a seton." He says, "When I see, for example, a fatty tumor (small or of moderate size) removed from under the skin, and then the edges of the wound stitched closely together over a drainage-tube lodged throughout its length, it seems to me simply idle to talk of principles of surgery. That such wounds do at length close, in spite of this treatment, I know, but I think I know also that they will heal more quickly and kindly directly without disturbance, if they are simply closed in the way to which I have already alluded. It is surely very rare indeed for such wounds, if thus naturally treated and duly watched, to give rise to any anxiety or trouble." He put in a word or two in favor of the "bread-poultice" when well made,—which he made bold to suspect some of his hearers had never seen,—as productive of much comfort to patients with wounds. The disrepute into which poultices have fallen he considered to be largely due to the reckless routine manner of their employment, the faulty method of their preparation, and the length of time during which they were allowed to remain unchanged. In foul discharges and unhealthy wounds, they formed a capital vehicle for the use of charcoal and other agents. He concluded by a criticism of Lister's special method of treating wounds,—not being a follower thereof,—in which he pointed out what further must be done in hospitals beyond the Listerian plan.

The address in State Medicine was delivered by Dr. Andrew Fergus, of Glasgow, Crown Member for Scotland in the General Medical Council. He commenced by stating that for the prevention of disease we must adopt more largely the plan laid down by Moses,—the rigorous separation of the sick

from the healthy. He then referred to the treatment of lepers among the Jews, and, after that, by Christians in the Middle Ages. It appears a leper died in the eye of the law as soon as he became a leper, and the Church had a burial service which was read over the unfortunate being, after which he became virtually dead to this world. In the days of the plague the separation of the sick from the healthy was rigorously carried out. It appears that leprosy was not extinct in Scotland in the last century. He then proceeded to discuss what he termed "excremental pollution diseases," and showed specimens of decayed soil-pipes, concluding by insisting that a minister of health should be appointed, and that the appointment be non-political, — i.e., not removable with each change of government.

This year a new sub-section, on Dermatology, was opened by Prof. McCall Anderson, of Glasgow, who reviewed "The Progress of Dermatology during the Last Quarter-Century." He regretted the death of Tilbury Fox, who was the chairman originally chosen. He then alluded to the want of beds for skin diseases in the London hospitals, pointing out that in the Western Infirmary of Glasgow there were more beds for this purpose than in all the London hospitals put together, as well as an admirably-arranged set of baths of every kind. He pointed out how far Germany is ahead of Great Britain in its attention to diseases of the skin.

The address in Obstetric Medicine was delivered by Dr. Kidd, Master of the Coombe Lying-in Hospital, Dublin, who selected as his subject "The Treatment of Uterine Fibroids by Dilatation and the Écraseur," in which he described the most modern appliances for the purpose. The address in Public Medicine was delivered by Dr. Grimshaw, of Dublin, who discussed the subject of "The Public Work of the British Medical Association," in which he pointed out how much the Association had achieved. In the Psychological Section, Dr. Eames, Superintendent of the Cork District Lunatic Asylum, discoursed on "The Importance of the Study of Psychology." He insisted on the introduction of a systematic study of insanity into the medical curriculum, as the approach of insanity is under the eye of the ordinary medical attendant, and not the alienist. Insanity, he insisted, is as much a bodily disease as gout or rheumatism, and should form as necessary a branch of study as lung- or heart-disease.

There were the usual reports of committees on various subjects, and discussions on several topics, — with what results I cannot yet say anything, as I was not there. On the Friday afternoon there was a garden-party, and on Saturday the excursions — the most attractive part of the proceedings — were carried out, amidst glorious weather, and gave

much satisfaction. Indeed, it seems that the Association week has been the finest, as regards the weather, the Cork people have experienced this bleak, chilly, rainy summer, — so called.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

AMERICAN DERMATOLOGICAL ASSOCIATION.

THIRD ANNUAL MEETING.

THE third annual meeting of the American Dermatological Association was held in New York, on August 26, 27, and 28.

First Day. — After a brief private meeting for business, the doors were thrown open, and the President, Professor Louis A. Duhring, of Philadelphia, delivered his opening address, the subject being "*The Progress of Dermatology in the United States.*" Beginning with a brief allusion to the first medical publications in this country, Professor Duhring sketched the earliest writings on dermatological subjects, alluding to the salient points in each, and now and then giving an abstract of the most important papers. The address, which was full of interest, and which developed many important facts in American medical history, was listened to with much pleasure by the Association, and will form an important part of the proceedings of this meeting.

Following the address by the President came a paper by Dr. I. E. Atkinson, of Baltimore, entitled "*A Case of Incomplete Vitiligo,*" the patient being a mulatto woman, in whom the chromatic changes accompanying this disease displayed unusual symptoms and ran a peculiar course. Dr. James Nevins Hyde, of Chicago, then read a paper entitled "*A Contribution to the Study of the Bullous Eruption induced by the Ingestion of Iodide of Potassium.*" At the afternoon session Dr. L. Duncan Bulkley, of New York, read an account of "*Two Cases of Chancre of the Lip, probably acquired through Cigars.*" The discussion following the reading of this paper was full of interest. Dr. Sherwell, of Brooklyn, described the method of manufacturing cigars in Havana, where women of the lowest class are accustomed to roll the cigars on the inside of the naked thigh, in the course of which manufacture the cigar could easily come in contact with the secretions from the genitals, etc. Dr. Bulkley said he had been informed, by the head of a large cigar-manufactory, that, although machines were at hand for the purpose of finishing the rolling of the cigar, workmen would persist in using the saliva for this purpose. Several of the members objected to the title of Dr. Bulkley's paper, believing that the source of infection in the cases described had not been proved to be derived from an infected cigar. It was

suggested that the title of the paper should be amended so as to read *possibly* acquired through cigars.

Dr. George H. Fox, of New York, read a paper entitled "*The Treatment of Eczema and Ulcers of the Leg by an Elastic Tubular Bandage.*" He had frequently found, he said, that the "solid rubber bandage" of Martin, so far from doing good in eczema of the leg, frequently did actual harm. This occasional untoward result sometimes depended upon faulty manufacture, but very often upon the unequal pressure and cutting edges of the folds of rubber surrounding the limb. He had devised a thin, hollow tube of rubber, about twenty-five centimetres in length, with an average width, when flattened, of eight centimetres, and of varying thickness. This can be drawn over the naked limb, prepared only by dusting some finely-powdered starch over it. The tube reaches from the ankle nearly to the knee. It is unnecessary that the foot should be covered, unless the disease has invaded it also, in which case a longer tube may be employed, with an opening to cover the heel. He showed a tubular bandage in position. It had been worn for several days without the least discomfort; there was no tendency to undue sweating or to maceration of the epidermis.

The last communication of the day was in the form of a lecture, by Dr. Charles Heitzmann, of New York, entitled "*Microscopical Studies on Inflammation of the Skin.*" This lecture, which was abundantly illustrated by numerous sketches thrown off by the speaker while addressing the Association, was a brilliant exposition of what might be called the transcendental pathological histology of the skin, and formed a continuation of the lecture delivered by him last year on the normal histology of the tegumentary system.

Second Day.—After the usual business meeting, the public session of the Association opened with a paper by Dr. H. G. Piffard, of New York, on *Viola tricolor*. This plant, belonging to the pansy family, was long ago employed in Germany for the internal treatment of certain diseases of the skin, but has fallen into undeserved neglect. It grows wild in some parts of the United States, but not in sufficient quantities to gather. The domesticated plant is inert; we are dependent, therefore, on foreign sources for our supply. Dr. Piffard showed several specimens of the *viola tricolor*, together with the fluid extract derived from the plant. The dose of this is four or five drops, and he had used the preparation with marked success in one class of cases,—eczema capitis of children. The first effect, when given in the dose above mentioned, is to aggravate the disease, but after a few days amelioration takes place, and the case runs rapidly on to a successful issue. In the other forms of eczema, and particularly in eczema occurring in adults, *viola tricolor*

has not proved of benefit. In the discussion which followed the reading of this paper, Dr. Heitzmann said that the remedy was an old one, and was one of many similar vegetable preparations which had formerly been much in vogue in Germany for the internal treatment of skin diseases, until the researches of Hebra proved that they were entirely inert and useless. Dr. Piffard had used external treatment in his cases, in connection with the administration of *viola tricolor*, and the good result was probably due not to the internal medicine, but to the outward applications.

A paper followed, by Dr. Arthur Van Harlingen, of Philadelphia, entitled "*A Case of Chronic Inflammatory Tuberculo-Vesicular Disease of the Skin.*" with illustrative microscopic sections of the lesions. The last paper of the morning was by Dr. Samuel Sherwell, of Brooklyn, on "*The Tattooing of Cutaneous Nævi.*" Dr. Sherwell described the peculiar method devised by himself for performing the tattooing process, and showed an instrument which he had devised for the operation and had made for himself. This instrument consists simply of a half a dozen fine gloves' needles bound together in a bundle with waxed thread so that their points shall be one to two millimetres apart. This is used either alone or in connection with some irritating substance, as carbolic acid. Many sittings are required, and the operation is a painful one, but the results are very satisfactory in all cases of superficial or cutaneous nævi. Of course, when the nævus is of considerable size and deep, and is supplied by large sinuses, this method cannot be practised. At the conclusion of his paper, Dr. Sherwell brought before the Association a female patient upon whom he had operated by tattooing for the relief of a disfiguring nævus of the chin. The cure was not quite completed, but thus far the success was undoubted, and the result of the tattooing treatment could not fail to be ultimately satisfactory.

Afternoon Session.—Dr. W. A. Hardaway, of St. Louis, read a paper giving an account of "*A Case of Multiple Tumors of the Skin accompanied by Intense Pruritus.*" Dr. Duhring read a paper entitled "*Supplement to a Case of Inflammatory Fungoid Neoplasm,*" being a continuation of the history of the case presented at the previous meeting of the Association. Considerable discussion followed the reading of this paper, Dr. Heitzmann maintaining it as a case which (microscopically at least) was essentially a sarcoma of the skin, undeserving of a separate name and a distinct place in nosology. Dr. Duhring, disclaiming any intention or desire to introduce a new title, yet maintained that the clinical peculiarities of the disease were such as to differentiate it from ordinary sarcomata, however much it might resemble these in its microscopic appearance. To call this affection nothing more than sarcoma would be to

introduce confusion instead of simplifying matters. The last paper of the afternoon was a minute and painstaking account by Dr. Jas. Nevins Hyde, of Chicago, of "*A Variety of Molluscum Verrucosum presenting Unusual Features*," illustrated by a finely-painted picture of the eruption when at its height.

Third Day.—The papers read at this the final session of the meeting were three in number. The first was by Prof. James C. White, of Boston, on "*Etiology*." The writer examined the various theories formerly, and perhaps still, prevalent regarding the dependence of diseases of the skin upon dyscrasia and upon diseases of the various organs, etc., and claimed for the skin the same independence with regard to the causation of disease which is allowed to other organs of the body. An animated discussion followed the reading of this paper. While all the speakers praised the skill and thoroughness with which Dr. White had disposed of the crude and theoretical views formerly prevalent, and still perhaps somewhat in vogue, by which skin diseases were regarded as the efforts of certain humors to break out of the body, or as the outward manifestations of some mysterious "diathesis;" yet much opposition was expressed to his views upon the independence of the skin of the diseases and ailments of the various internal organs. The paper of Dr. R. W. Taylor, of New York, "*On the Nature of Syphilis*," took the ground that certain minute protoplasmic albuminous bodies found in the serum of chancres and other lesions of early syphilis act as the carriers of contagion. This view was energetically combated by Dr. Heitzmann, who maintained that no proof of the existence of such vehicles of contagion could be brought forward. He thought Dr. Taylor's theories premature, and maintained that we are not yet in a position to make any statement as to the nature of the syphilitic poison, although certain investigations which he himself was conducting seemed to give the hope of ascertaining the truth with certainty in the course of time. The final paper of the session was by Dr. Hardaway, of St. Louis, entitled "*Obiteration of Varicose Vessels in Rosacea by Electrolysis*." Dr. Hardaway described the apparatus made use of by himself, consisting of a No. 13 cambric needle inserted to the depth of 1.5 to 2 millimetres into an opening first made in the dilated capillary, and connected with a battery of seven cells.

After a short discussion upon Dr. Hardaway's paper, the Association adjourned, to meet next year, in Newport, on the last Tuesday in August. The officers of the Association for the following year are,—*President*, Dr. Louis A. Duhring, of Philadelphia; *Vice-Presidents*, Drs. E. Wigglesworth, of Boston, and W. A. Hardaway, of St. Louis; *Secretary*, Dr. Arthur Van Harlingen, of Philadelphia; *Treasurer*, Dr. I. E. Atkinson, of Baltimore.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting of the Philadelphia County Medical Society was held at the hall of the College of Physicians, Philadelphia, May 28, 1879, Dr. John H. Packard, Vice-President of the Society, presiding. Dr. Edward T. Bruen presented a paper entitled

A NEW OBSERVATION IN PHYSICAL DIAGNOSIS.

I shall very briefly occupy the time of the Society this evening, and I feel an especial diffidence because I have been assigned the first place on the notice of the proceedings for the evening, instead of a few minutes at the close of a meeting.

I have, indeed, hesitated to designate as a paper the few remarks to which I desire to call your attention; but I trespass on your patience because I believe that it is always desirable that the members of the Society should contribute any special information they may possess to the common fund of knowledge, even though the addition be very trifling.

Without further preface, therefore, let me say that I have many times been baffled in my investigations of interesting cases of pulmonary disease by the impossibility of deciding whether subcrepitant râles (especially those which occur at the posterior and lateral regions of the chest) were developed in the parenchyma of the lung or between the surfaces of the pleura.

I have, of course, considered the usual points which are suggested by writers on this subject,—viz., the superficial character of the sounds, their rubbing, moist, or dry quality, the character of the symptoms, etc., in the case of pleural friction-sounds; while, on the other hand, pulmonary râles are described as commonly more diffused, and moist, not so superficial, and, above all, they are dispersed or altered in quality by the act of coughing. To these signs I would now add another, which I have not read of, but which I have observed in a considerable number of cases in my wards in the Philadelphia Hospital, and which I have demonstrated at the bedside to classes of students.

I have noticed that the severe pain accompanying pleurisy is very much modified by pressure applied by means of adhesive strips encircling the affected side of the chest,—a plan of treatment which has often been suggested. Indeed, the pain of coughing can be entirely prevented by the exercise of sufficient compression of the chest-walls. This effect, of course, is produced by limiting the movements of the chest-walls and the expansion of the affected lung; to a degree, it places the pleura in splints.

Now, if there be a doubt in reference to the location of a subcrepitant râle, whether in the lung or between the pleural surfaces, at the

base of the chest, if the observer will place a stethoscope over the suspected surface, and cause an assistant (the nurse) to stand on the opposite side of the patient, to pass the arms around the patient's body, locking the fingers, and then compress firmly the lower portion of the chest-wall, by this means the râles will be caused to disappear if they are generated by movements of the pleural surfaces, but if they have been developed in the pulmonary parenchyma they will persist unchanged.

The pressure exerted by the assistant is, doubtless, adequate to control the movements of the pleural surfaces, but not sufficient to prevent the passage of air through the bronchial tubes, thus accounting for the persistence of the subcrepitan râles of pulmonary etiology. This method of examination I have found will be available whenever suspected râles are confined to the lower half of the chest,—for example, below the third rib anteriorly. It will be recognized that it would be impossible to control the respiratory movements of the superior thoracic walls.

I could have specified in detail the history of the cases which I noted, but I have thought it unnecessary, as I only desired to call attention to a single feature.

On motion, a vote of thanks was passed complimenting Dr. Bruen upon his interesting communication.

No remarks being made on the paper, Dr. Charles S. Turnbull announced that he had an interesting case of a living filaria in the eye of a horse, which he would present to the Society, and which was now in attendance.

On motion, the Society had an intermission for five minutes to examine the horse.

Dr. Charles S. Turnbull then gave the following description of the case:

A LIVING FILARIA IN THE EYE OF A HORSE.

GENTLEMEN,—As all physicians are more or less interested in horses, I present this rare case, with which I have visited some of our most prominent veterinary surgeons, and concerning which I have consulted the best authorities on helminthology and hippo-physiology. [The horse was exhibited in the vestibule of the College of Physicians.]

This heavily-built dun horse, now 12 years of age, was raised and worked upon a farm near Rochester, N.Y. When illuminated, there can be seen through the partially-opaque cornea of his left eye a worm several inches in length. It is white in color, and, without the aid of any artificial means, can be distinctly seen floating, wriggling, and twisting about in the anterior chamber. The eye seems slightly irritated, as the horse occasionally endeavors to rub it, and the stimulus of reflected light causes some lachrymation. What is characteristic in such cases, at times only, is the hazy cornea and the cloudy aqueous humor. The horse appears perfectly healthy, is in excellent condition, and does

not seem to be particularly annoyed by the presence of this unusual guest. The iris is of a good color, the action of the pupil perfect, lens clear, and remainder of the eye free from irritation.

The horse was turned out early last spring a year (which was an unusually wet one), and about that time the worm, which was two inches in length, was first discovered. Since then it has grown several inches, and at this time looks like a piece of catgut from four to five inches in length. On account of its incessant motion, no details concerning the parasite's exact shape can be made out. As the present owner bought the horse for his eye, no one will be likely to have that satisfaction; but it is my intention to keep the case under observation, and any changes of interest concerning the fate of either horse or worm will be reported to this Society.

This variety of thread-worm is known as the *filaria papillosa* Rudolphi, and is described by Diesing in his "Systema Helminthum," vol. ii., Vienna, 1851.

The earliest account of this worm Diesing gives in his extensive bibliography, which goes back to the year 1645, when Spigelius, of Amsterdam, recorded a case of *filaria* in the vitreous humor of the eye of a horse. This case makes the third which has occurred in this country, and a fourth has been lately reported by Kipp, of Newark, N.J., who removed the parasite. The first case on record was exhibited in this city in the latter part of the last century, and was reported by the late Judge Francis Hopkinson* in 1783; the second, by Dr. Th. N. Corbryn,† in 1833. Numerous interesting cases are referred to as having occurred in Great Britain, and a few in Europe, while the majority are sent by English veterinary surgeons in India to the *Veterinarian*, a standard English journal.

The haunts of this animal are said to be throughout the entire body of the horse, and Diesing enumerates them as follows: in the cavity of the abdomen; in the muscles and cellular tissue; in the intestines; between the dura and pia mater; in the vitreous body; in the anterior chamber; and, still more rarely, between the coats of the eye. In the ass and mule, in the abdomen and thorax. In the domestic cattle, in the abdomen; rarely in the anterior chamber.

Mr. Twining, a resident at Poonah, in India, for sixteen years averaged twenty cases annually,—more than fell to the lot of any other individual in Hindostan. The worm or worms (for there are sometimes two or three floating in the aqueous humor at the same time) by their presence cause symptoms of ophthalmia, with great intolerance of light. The worm, he says, is a species of filaria or thread-worm, called *filaria equi*.

Sir Everard Home informs us that *filaria*

* Transac. Amer. Philosoph. Society, 1st series, vol. ii.
† Medical and Surgical Reporter, October 26, 1878.

equi are found in the blood of the horse, and they are supposed to be transmitted through that medium. Worms have been found in the coeliac artery of the ass, but of greater magnitude. Naturalists have discovered numerous genera and several species as inhabitants of the body of the horse, sheep, ox, hog, deer, etc.

The most succinct account of this phenomenon Sir Charles Percivall, V.S., published in the London *Veterinarian* for 1828. He says that in low, humid situations in India, where frogs are prevalent, or where there is stagnant water, especially after an unusually wet season, worm in the eye is a very common occurrence. It is also seen in other parts during the cold months, from the beginning of October to the latter part of February, and especially during the continuance of an east wind. The symptoms are those of a conjunctivitis; the cornea is obscured by a "nebulous effusion," the eyelids are closed, and there is intolerance of light.

The method of treatment is by puncturing the cornea at its upper and inner margin, and allowing the parasite to escape with the aqueous humor. This spot is selected for the operation because the cornea is here least dense, and because the aqueous humor, which gradually re-forms, will be least likely again to escape while the wound is healing. Beer's cataract knife was used to make the incision.

These worms find their way into the animal's body along with the water he drinks, either as fully-developed parasites or as ova. Both the parasites and eggs are found in the stagnant waters of India.

A fact of intense satisfaction to the lovers of horsemanship is, that in no case of operation for the removal of filaria has the function of the eye been more than temporarily disturbed.

My friend Dr. Charles J. Kipp, of Newark, N.J., exhibited, at a recent meeting of the New York Ophthalmological Society, a fine specimen of filaria which he had removed from the anterior chamber of the eye of a horse. The doctor subsequently published an account of the case in the *New York Medical Record* for February, 1879. The parasite, unfortunately, was not carefully preserved, and in consequence nothing definite was made out concerning its species, etc.

The Chairman invited a discussion of the paper.

Dr. Harvey, of Chester, inquired whether the proper habitat of this worm is in the marshes or in the body of the horse.

The lecturer replied that it had been found in all parts of the horse's body, especially in the connective tissue, and the entozoon had probably found its way into stagnant water, where it was imbibed by this horse, although not in its present form, as it was then in an intermediate stage of development. Both the parasites and eggs, says Twining, have been found in the stagnant waters of India. In

reply to Dr. George Hamilton, who asked what would be the termination of the case, he said that after the worm attained its full development it would probably die and shrivel up, as do trichinae and cysticerci in the human being, but at any time previous there might be enough irritation set up to destroy the eye and allow the parasite to escape alive.

Dr. William T. Taylor inquired whether this belonged to the same species as the hair-worm found in the grasshopper, which the lecturer said was another variety of worm, which subsequently developed into the school-boy's "horse-hair" worm.

Dr. Allis inquired whether the parasite caused any pain, and whether the sight was lost in the eye.

Dr. Turnbull replied that the horse did not appear to have any pain, because there was no iritis, photophobia, or even lachrymation unless the eye was irritated. The sight is not entirely destroyed, for when the other eye is covered the horse can see to follow his master.

Dr. Thomas Rich asked whether the eye became clearer after a night's rest, to which the lecturer replied that it did, and that on some days it was clearer than others. When he first saw the horse the eye was perfectly clear; the cornea is now cloudy, but it is worse after the horse has been driven.

Dr. Eskridge asked how long the filaria had existed in the eye.

Dr. Turnbull said that he first saw it about one year and a half ago, when the parasite was about two inches long. He believed that it had been accidentally discovered about two months previous to that time. It made its appearance several months after the horse had been out at pasture in a swampy field.

In reply to a question from Dr. Allis, he also said that the cloudiness was due to irritation of Descemet's membrane, and possibly some deposits of lymph were present that were absorbed while the horse rested at night, making the eye therefore clearer in the morning. The anterior layers of the cornea are not affected, except at the centre, where the intralamellar deposit seems to be on the increase. The worm coils up at night, when the eye is closed and at rest, and is in active motion only in the day or when the horse opens the eye to the light.

Dr. Harvey further inquired how ascarides were communicated, as he had seen several families where nearly all the members had become infected.

Dr. Turnbull replied that the different individuals probably had been exposed to the same sources of infection, but not simply because they ate the same food and drank of the same water-supply. They were (so helminthologists say) communicated directly by actual contact of persons infested, from sleeping in the same beds,—that is, from one person to another, just as they travel from the rectum to the vagina,—as Professor Leidy

has seen living ascarides upon the sheets of children's beds.

Dr. Harvey said that these explanations were not applicable in his cases, and he thought that the ascaris could only live in moist places, and would die after being separated from the body. He was unable to give any explanation himself of cases where a child with seat-worms comes into a family, and all the rest of the family, including adults, become affected.

Dr. J. E. Garretson, being called upon to describe a case of living cysticercus which he had successfully removed from the eye of a man about 45 years of age, stated that, with Dr. Wm. W. McClure, he was engaged in preparing a paper on the subject which would soon be published, and which would contain the full particulars and all that he knew about the case.

The thanks of the Society were given to Dr. Turnbull for his interesting communication.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MAY 8, 1879.

THE PRESIDENT, DR. H. LENOX HODGE, in the chair.

Orbital tumor removed by operation. Presented by Dr. JOHN H. PACKARD.

MRS. D., æt. 67, subject of a tumor in the upper part of the right orbit, crowding the eyeball downward and forward. It seemed to have been due to a severe labor in 1847. The sight of the eye seemed to be unaffected, except by the pressure changing the shape of the ball.

It was removed March 30, by an incision parallel to and close below the eyebrow, enucleation being then easily accomplished with the fingers and knife-handle.

No untoward symptom followed. The eyeball was easily retained in its normal position, and moved in concert with its fellow. Six weeks after the operation the deformity was very slight, and for her complete restoration she only needed proper glasses.

Report of the Committee on Morbid Growths.

—"The tumor presented by Dr. Packard, removed from the orbit, is found to consist, histologically, of a stroma composed of fibrillar connective tissue, the cells of which are, in many places, seen to be in an active state of proliferation. Traversing this stroma are observed transverse, oblique, and longitudinal sections of tubes possessing a lining of epithelial cells implanted upon a basement membrane. The blood-vessels are very distinct, having their walls increased in thickness by a development of fibrous tissue concentrically around them. Here and there through the section small cysts, containing a gelatinous tissue and lined with flattened cells,

are seen. These cysts very probably are the result of a dilatation of the above-described tubes, their orifices having become obstructed and their cells undergone mucoid metamorphosis. This development and arrangement of elements would indicate the new formation to be a growth of a fibrous nature, in connection with glandular structure,—from its location, possibly the lachrymal gland. It may be designated as an intercanalicular fibroma, some of the canals dilated into small cysts.

"May 22, 1879."

Intraocular tumor growing from the ciliary region. Presented by Dr. JOHN B. ROBERTS.

The patient, aged 33 years, says that ten years ago she noticed pain and some impairment of vision in left eye, though she could read ordinary printing. This pain gradually increased, and the loss of vision became more marked. About six and a half years ago an oculist in a neighboring city advised enucleation on account of her having at that time severe pain, occurring in paroxysms. She states that at this time she could only see objects that were situated below the horizontal plane of her eye, while the field was lost in other directions. One or two months subsequently the eye became blind, except that a bright light could be distinguished, and for two years past she has had no vision whatever in this eye. The general condition of the patient has been good, though she has occasionally been troubled with cardiac palpitation. There is no cancerous family history, but many of her immediate relatives have been phthisical. She stated that for a couple of months the pain in the eye had been severe, beginning to annoy her in the latter part of every second or third day. The severe pain began invariably in the afternoon, and lasted apparently during part of the night. She had been wearing for some years weak, convex, tinted spectacles.

On examination, the condition was found to be as follows:

There was no vision, no paralysis of motion, except perhaps a slight insufficiency of the internal rectus on converging the axes, and the conjunctival vessels on the nasal side were engorged and tortuous. The cornea was perfectly transparent; the pupil was elliptical in shape, with the long axis directed upward and rather outward; behind the iris, on the nasal side, was seen a black mass, which extended across the pupil three-quarters of the diameter, and pushed the inner portion of the iris forward almost, if not entirely, in contact with the cornea. The portion of iris in front of the tumor appeared to be thinned. The part of the pupil which was not occluded by the tumor was occupied by a white membrane looking like the capsule of the lens. The ophthalmoscope showed that it was not possible to illuminate the fundus. The tension of the ball was apparently dimin-

ished. The right eye was said to be somewhat painful at times, but there was no apparent failure of accommodation, and no external evidence of inflammation of iris or cornea.

The organ was enucleated by Dr. R. J. Levis, in the ordinary way, on April 15, 1879, and placed in solution of chloral. Two days later I made a section of the globe, and found a soft growth, the size of a large hazel-nut, occupying the inner and anterior portion of the vitreous chamber. The vitreous humor was fluid and contained in the small space remaining outside and behind the tumor. The retina was opaque. The tumor had evidently arisen from the ciliary region, and was adherent to the whole circle of the ciliary body, so that the anterior portion of the eye was entirely shut off from the vitreous chamber. When the globe was turned inside out no point could be found where a probe could be passed alongside of the tumor into the anterior portion of the eye. The retina seemed to extend from the posterior part of the organ upon the surface of the tumor, as though the latter had pushed the retina up as it had been developed backward. Beneath this retinal investment the tumor was covered by pigment. Section of the cornea showed the lens to be pushed forward and externally by the growth; but it still remained behind the iris, and was not absorbed, as I supposed it to be when the eye was examined clinically. The position of the growth reveals the cause of the utter impossibility of illuminating the fundus, and the history would seem to show that the tumor had its beginning at the upper and nasal part of the globe. There was no disease external to the globe, and the patient in a few days was able to return home. Doubtless in a short time she will wear an artificial eye.

Thus much for the clinical history and microscopic appearances of the growth; as to the microscopic characteristics, I must refer the Society to my friend Dr. Longstreth, who has kindly made a number of sections for the members to examine this evening. The long period of development, the absence of active inflammatory symptoms, and the non-involvement of adjacent structures would lead to the diagnosis of an innocent tumor; and the location would suggest a myomatous growth, were it not that this form of intra-ocular tumor is exceedingly rare. Sarcomata are known to occur occasionally in this region as primary growths, but are usually secondary to a similar growth originating from the choroid; but then it is common to find accompanying inflammatory changes. The fact that no sympathetic trouble of the other eye had been produced by the growth of the tumor in the ciliary region is undoubtedly a point of some interest.

Report of the Committee on Morbid Growths.

—"A histological examination of the intra-

ocular tumor presented by Dr. Roberts shows an alveolar arrangement, the walls consisting of fusiform and stellate cells, the latter containing granules of blackish pigment; within the spaces formed by this reticulum are seen round or oval lymphoid cells. The blood-vessels are found to possess embryonic walls, and many are congested with blood. The new formation is an alveolar sarcoma, the stroma of which contains many pigmented stellate cells.

"May 22, 1879."

Myxosarcoma of inferior maxilla. Presented by Dr. M. LONGSTRETH.

B. F. M., æt. 25, married, miner. Admitted to the Pennsylvania Hospital, January 7, 1879, under the care of Dr. R. J. Levis; discharged, well, January 24, 1879. His family and personal history were good. About eighteen months previous to admission he was kicked on the right side of the face by a mule. Shortly afterwards he noticed a small "white blister" on the gum of the outer side of the lower jaw. Subsequently an ulcer formed at this place, increased in size, and became painful. Later, the bone began to enlarge beneath the seat of the ulcer. Nine months before his admission to the hospital, the bone was scraped to remove the growth.

On admission, there was found a tumor growing from the inferior maxilla on its right side. It was moderately firm and resistant, and was covered by abundant granulations.

On January 8, Dr. Levis excised the portion of the bone involved in the growth. The specimen measures two and a half inches in length. The tumor springs upward from the alveolar process of the bone in a fungus-mushroom manner, and projects also from the outer aspect of the jaw. On the inner surface of the bone the normal outline is preserved, but the periosteum is thickened and the bone is thinned to a mere shell, which gives little resistance to pressure. The tumor appears to have started from the sockets of the teeth, and has grown upwards above the level of the alveolar process about one inch; on the outer surface of the jaw it also projects an inch, and is there covered, in parts, by a very thin layer of bone and by the periosteum.

At the posterior part of the specimen the last molar tooth remains in position, with the tumor springing up around it. At both ends of the specimen the bone and the periosteum covering it appear normal. Forward from the molar tooth the alveolar process has been destroyed. The consistence of the tumor is firm and markedly elastic; its upper surface and borders are covered by mucous membrane, except at several points along the dental line, where ulceration has occurred.

On section, the whole substance of the growth is seen to be made up of a whitish-yellow, semi-transparent, gelatinoid-looking tissue; but its consistence is, however, pretty

firm, and there are seen bands of fibrous tissue, extending inward through its substance, at intervals, from the periosteum covering the tumor. There exudes a moderately thick, gluey fluid from the surface of the section, which can be drawn out in strings by the fingers.

Immediately after the operation microscopic sections (three-quarters of an inch by one-half inch) were made of the tumor, taken from the part projecting upward, and including its mucous membrane covering.

The examination of them shows the mucous membrane thinner than normal, and the papillæ to a great extent smoothed out by stretching of its tissue over the growing tumor. In parts the thickly-laminated epithelial layer of flattened cells is preserved; in others it is completely removed, leaving only the deeper (spinous or furrowed) cells,—those directly in contact with the basement membrane. The submucous tissue shows its fibrous and elastic trabeculæ considerably thickened and its interspaces filled, more or less completely, with small round cells, generally closely aggregated. The vascular supply of this part appears considerably increased, the arterial walls thickened, and an especial tendency for the cellular aggregations to occur around the vessels is visible.

From the inner surface of the submucous tissue many fibrous bands are seen penetrating the proper tissue of the tumor beneath it, thus confirming the naked-eye appearance previously noted. In the area of the tumor itself the sections show, in the first place, bands or tracts of spindle cells, closely laid together, and having the usual appearances, in respect to size, outline, nucleus, etc., of the cells found in the small spindle-cell sarcoma. The bands pursue different directions; some are seen cut parallel to the long axis of the spindle cells, some transversely, and others are divided at various angles of inclination.

Secondly are seen cells having the same figure as the others, which, instead of being closely laid together, are separated by clear spaces having frequently a width equal to several times the diameter of the nuclei of the cells. These cells, taken in groups, have their long axes generally placed in the same direction; but not invariably so, for occasionally a cell is seen laid transversely to the general direction. The cells are not parallel to each other; their tapering processes are contorted and intertwined, and often lie across the body of other cells. The nuclei of these cells were relatively large in proportion to the cell body, and they contained large granular nucleoli. At these parts of the specimen the cells appeared as though disrupted and disturbed from their former positions by an expanding force acting within the tumor. The clear spaces between the cells appeared to be made up of finely fibrillar tissue, occasionally

very finely granular, and at some parts containing small granular cells similar to those seen in the submucous connective tissue.

Thirdly, there were areas of the specimen showing cells, many of which resemble those last described; other cells were stellate, or multipolar, or with only one pole branched. In these portions of the specimen the cells were much more widely separated than in the preceding portion, and the cells did not seem to have any definite arrangement. The intercellular spaces or substance appeared entirely structureless, without fibrillæ or granules. Besides the multipolar cells and the few spindle cells seen in these parts, there were quite numerous large, and a few small, granular cells; in some of them can be seen large, distinctly-outlined nuclei, containing many granules, and occasionally a highly-refractive granule or oil-globule. There were also seen here granular masses, having no distinct limiting membrane or any definite shape, containing one, two, or three cells or nuclei similar to those just described.

The vascularity of the tumor proper is scanty, except at its periphery, and directly beneath the mucous membrane no large vessels are visible. The fibrous bands penetrating the tumor from the submucous tissue nearly all carry small arterioles, but their vascular areas, like the fibrous bands, do not penetrate deeply. On the contrary, the arterial supply to the growth seems to be of central or bone origin. The vessels of largest calibre are of more common occurrence in the deeper parts; very few of these vessels can be described as arterioles, for their structure resembles that of capillaries, although of very wide lumen. A few only have fibrous sheaths, and in these instances the spindle cells are laid parallel to their course; the majority present the appearance of nucleated tubular structures, generally deeply stained with carmine.

The conclusion to be drawn from the microscopic structure is that the growth—originally a small spindle-cell sarcoma, and still preserving, in nearly every part, cells which, in contour and arrangement, are typical of such a tumor—has undergone myxomatous degeneration.

(To be continued.)

REVIEWS AND BOOK NOTICES.

ARCHIVES OF DERMATOLOGY. A QUARTERLY JOURNAL OF SKIN AND VENEREAL DISEASES. Editor: L. DUNCAN BULKLEY, A.M., M.D., etc. Philadelphia, J. B. Lippincott & Co., 1879. Vol. v., Nos. 1, 2, and 3.

The "Archives of Dermatology" is not only the only journal in the English language devoted to the specialty of skin diseases, but, it may be safely said, is unequalled by

any similar journal, French, Italian, or German. Its only rival is the well-known "Vierteljahrsschrift" of Auspitz and Pick. But, although this contains possibly a somewhat larger number of abstruse scientific papers, it is too local to represent, as Dr. Bulkley's journal does, with true American eclecticism, all that is good wherever found. The numbers before us present an excellent example of a journal which, while containing scientific matter for the specialist, also furnishes practical information for the general practitioner. Thus, we have original papers on various diseases and groups of diseases, disquisitions on treatment in general, and on classification, with clinical reports on various rare or curious affections which interest the specialist; we have also a series of papers on the practical points of treatment in different skin affections, from the pen of the accomplished editor, one of the most successful dermatological therapists in the country. Here the practitioner may find what it is impossible to get in any text-book, from the circumstances of the case, a varied armory, from which he can draw weapons for every emergency.

In addition, the "digests" of current dermatological as well as syphilological literature give all information of what is being done in these branches of medicine the world over. We can cordially recommend this journal to the general reader as a special journal which is not for specialists only.

AMERICAN HEALTH PRIMERS.—THE SUMMER AND ITS DISEASES. By JAMES C. WILSON, M.D., etc. Philadelphia, Lindsay & Blakiston, 1879, 16mo, pp. 160.

Summer is over, it is true, but other summers are coming, and this little volume, we trust, may be in many hands before next season. For it is eminently calculated to warn and instruct in those details of household and personal hygiene which are frequently neglected to the detriment of health, just at the time when people think they are in the way of gaining it. *Sunstroke, summer diarrhoea, dysentery and cholera infantum, summer and autumnal fevers, colds and hay asthma, and the skin in summer and its diseases*,—these are the topics which Dr. Wilson treats in an agreeable and instructive way, interspersing the more serious parts with apt poetical quotations, to lighten the pursuit of knowledge and sugar-coat the pill of information.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. American Edition. New York, W. A. Townsend, July, 1879. 8vo, paper, pp. 294.

HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE. Edited by D. G. BRINTON, M.D. Part XXIV., July, 1879. Philadelphia Medical Publication Office. 8vo, paper, pp. 282.

Of these two well-known publications we have no hesitation in expressing a preference

for the American. In addition to the fact that American writers receive due attention instead of being nearly ignored, the system of paging, by which, at the completion of a certain number of parts, these may be separated and rebound in volumes, each containing a full report of progress in a given branch of medicine, renders Dr. Brinton's work one of great usefulness. As, however, few references are duplicated, both the "Retrospect" and the "Compendium" may be procured and consulted with advantage.

GLEANINGS FROM EXCHANGES.

THE USE OF THE FORCEPS.—The recent discussion on the use of the forceps in lingering labor has, according to the *British Medical Journal*, given the *coup de grâce* to the antiquated idea, prevalent in the days of Dr. Robert Lee, who performed craniotomy in one hundred and eighty-six cases and used the forceps in only fifty-three cases, that the forceps is a dangerous instrument. No instrument in the whole range of medicine has ever saved more lives and more human suffering than the forceps, the invention and perfection of which constitute one of the chief glories of English midwifery.

A RARE LESION.—Prof. Friedreich reports the case of a patient who has been for the last three and a quarter years subject to chronic convulsions of the lips, the tongue, and the maxillary muscles. The lips were thrust forward, the tongue was rolled about in the mouth, the jaws opened and shut with great force, so that the tongue was frequently bitten. These convulsions continued even while the patient was still asleep. The right pupil was enlarged; the pulse quick and somewhat irregular. Prof. Friedreich thinks that these convulsions were caused by a circumscribed lesion of the medulla oblongata.—*British Medical Journal*, 1879, vii. 97.

CASE OF RUPTURE OF THE FALLOPIAN TUBES.—Dr. Henry Fisher was called to attend a multipara of 40. She was first seen by him after having been twelve hours in labor. He found her very feeble, with a pale, anxious expression of countenance and sickness of stomach. On examination the os was dilated about an inch and a half, but very rigid and unyielding to the effort of dilatation with the finger. He waited about two hours, during which time the labor became weaker and vomiting more troublesome, but the os had decidedly given way a little, and the head advanced into the pelvis. As the woman complained of great sinking, as if she were dying, he proposed to relieve her with the forceps, but this she strenuously objected to. However, after about an hour she revived a little, and, with a brisk pain, gave birth to both foetus and placenta, the child being dead. He

left her soon after with a good contraction of the uterus.

Six hours afterwards Dr. Fisher was hurriedly sent for to see the patient, who was suffering, and had been through the interval, with incessant vomiting and faintings. This was slightly relieved with ice and small quantities of brandy, so long as no attempt was made to give any kind of food, which would be immediately rejected. At the end of forty-eight hours no urine had passed, nor was there the least inclination for urination. He administered an enema of warm water, which brought a quantity of feces away from the bowels, but no action of the bladder ensued. Soon after, he passed a male catheter, but found the bladder empty, the catheter passing so freely to nearly its full length that he suspected a rupture of the viscus. Having tried every remedy to allay the sick stomach without avail, she gradually sank, and died on the sixth day.

Post-mortem Examination.—The uterus was found impacted in the pelvis, about the size of a very large cocoa-nut, having a black and bruised appearance on the right side about the size of the palm of the hand. The Fallopian tube was ruptured about two inches from the uterus, together with the broad ligament as far as the ovary. The tube itself was about the thickness of the little finger, presenting the appearance of a firm blood-clot. Turning to the left side, the Fallopian tube was found in the same condition, but not the uterus. Cutting into its substance on the right side, the organ appeared perfectly healthy, also its cavity. On lifting it out of the pelvis about four ounces of blood was discovered. The bladder was quite empty, and the mucous lining showed considerable inflammation of a chronic character. The stomach was healthy, with the exception of congestion of the vessels on its inferior margin.

PILOCARPINE IN THE PRURITUS OF PREGNANCY.—"A country doctor" writes to the *British Medical Journal* that a single dose of one-third of a grain of nitrate of pilocarpine, by the mouth, served to bring on profuse sweating and salivation, with complete relief of intolerable and persistent itching, which had lasted throughout pregnancy and recurred after delivery.

NOTES AND QUERIES.

OBITUARY.

At a special meeting of the West Philadelphia Medical Book Club, held Tuesday, August 19, a committee was appointed, upon whose recommendation the following minute was unanimously adopted:

1st. Having learned of the sudden death of our late associate Dr. Horace T. Porter, we, the surviving members of the Club, desire to record our sorrow at the unexpected removal of one who so recently came among us.

2d. We desire also to convey to the family and friends of the deceased the expression of our sympathy with them in their bereavement.

Therefore, be it resolved that this minute be inserted in the journal of the Club, that a copy thereof be transmitted to the family of Dr. Porter, and that another be published in the *Philadelphia Medical Times*.

C. W. DULLES,
L. H. KIRK,
M. LAMPEN,
W. C. DIXON, } Committee.

August 19, 1879.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM AUGUST 31 TO SEPTEMBER 6, 1879.

- HEAD, J. F., LIEUTENANT-COLONEL AND SURGEON.—Relieved from duty in Department of the East, and assigned to duty as Attending Surgeon and Examiner of Recruits at Boston, Mass. S. O. 195, A. G. O., August 25, 1879.
- CLEMENTS, B. A., MAJOR AND SURGEON.—Relieved from duty in Department of the Platte, and to report in person to the Surgeon-General of the Army. S. O. 195, c. s., A. G. O.
- HORTON, S. M., MAJOR AND SURGEON.—Relieved from duty in Department of the East, and to report to Commanding General, Department of the Platte, for assignment to duty. To take effect upon expiration of his present leave of absence. S. O. 195, c. s., A. G. O.
- BREWER, J. W., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Platte, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- TREMAINE, W. S., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Missouri, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- VICKERY, R. S., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the East, and to report in person to Commanding General, Department of the Platte, for assignment to duty. S. O. 195, c. s., A. G. O.
- KIMBALL, J. P., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the East, and to report in person to Commanding General, Department of the Platte, for assignment to duty. S. O. 195, c. s., A. G. O.
- HOFF, J. V. R., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Platte, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- ADAIR, GEO. W., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon expiration of his present leave of absence, to report in person to Commanding General, Department of the East, for assignment to duty. S. O. 195, c. s., A. G. O.
- BROWN, P. R., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of Dakota, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- FINLEY, J. A., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Missouri, to proceed to Philadelphia, Pa., and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- TAYLOR, B. D., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of Dakota, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.
- TURRILL, H. S., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon expiration of his present leave of absence, to report in person to Commanding General, Department of the East, for assignment to duty. S. O. 195, c. s., A. G. O.
- KILBOURNE, H. S., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Missouri, to proceed to New York City, and, on arrival there, report by letter to the Surgeon-General. S. O. 195, c. s., A. G. O.